

Application Checklist

Use the following checklist to make sure you have included all required materials and to let the reviewers know what you have included with your application.

- ☐ Face Sheet (2 pages)
- ☐ CPS Information Form (2 pages)
- ☐ Grant Processing Information Sheet
- ☐ Proof of Nonprofit Status
- ☐ Assurances/Certification of Authorizing Official
- ☐ Indirect Cost Rate Agreement
- ☐ Project Budget Forms ☐ CPS ☐ Education
- ☐ Narrative(s) ☐ CPS ☐ Education
- ☐ Schedule of Completion
- ☐ Supporting Documents (*as appropriate*)
 - Letters of Commitment
 - Resumes
 - Survey Reports
 - Long-Range Conservation Plan
 - Treatment Plans or Proposals
 - Equipment Specifications
 - Slides, Photographs, Video
 - Training Curricula
 - Brochure/Catalogue/Annual Report
 - Other _____

IMLS Face Sheet

OMB No. 3137-0029

01/31/2007

CFDA No. 45.303

1. APPLICANT ORGANIZATION

Legal Name _____

Organizational Unit _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ Congressional District _____

DUNS Number _____ Employer Identification Number (EIN/TIN) _____

Web Address http:// _____

2. PROJECT INFORMATION

Project Title _____

Project Description _____

Grant Period Start Date _____ End Date _____
(must begin between 5/1/06-9/1/06)**3. PROJECT DIRECTOR**

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ E-mail _____

Phone _____ Fax _____

4. PRIMARY CONTACT/GRANTS ADMINISTRATOR**Same as Project Director (skip to item 5) ☐**

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ E-mail _____

Phone _____ Fax _____

CONTINUE TO LINE 5

5. TYPE OF APPLICANT: CHECK THE ONE APPLICANT TYPE THAT APPLIES

- ☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State Controlled Institution of Higher Learning
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCU's)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Non-domestic (non-US) Entity
☐ Other (specify) _____

6. AUTHORIZED REPRESENTATIVE/AUTHORIZING OFFICIAL

By signing the application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001) ☐ I Agree

**Certifications and Assurances, are set forth in the IMLS guidelines for the program to which application is made.

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

E-mail _____ Phone _____ Fax _____

Signature of Authorized Representative/Authorizing Official

Date Signed

Conservation Project Support (CPS) Information

1. Type of museum (check one)

- | | |
|---|--|
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Nature Center |
| <input type="checkbox"/> Arboretum/Botanical Garden | <input type="checkbox"/> Natural History museum |
| <input type="checkbox"/> Art museum | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Children's/youth museum | <input type="checkbox"/> Science/technology museum |
| <input type="checkbox"/> General museum* | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Historic house/site | <input type="checkbox"/> Specialized** |
| <input type="checkbox"/> History museum | <input type="checkbox"/> Other _____ |

* A museum with collections representing two or more disciplines equally (e.g., art and history).

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

2. Museum's attendance for the 12-month period prior to the application.

Onsite _____ Offsite _____ Electronic _____

3. Total number of hours the museum was open to the public for the 12-month period prior to application. _____

4. Year the Museum was first open and exhibiting to the public. _____

5. Number of full-time paid museum staff _____ 6. Number of part-time paid museum staff _____

7. Number of full-time unpaid museum staff _____ 8. Number of part-time unpaid museum staff _____

9. Museum's **non-federal** operating income for the most recently completed fiscal year

(year) \$.00

10. Conservation Grant Amount Requested (do not include education funds here)

\$.00

11. In addition to CPS are you requesting additional funds for education activities? (Not to Exceed \$10,000)

☐ No ☐ Yes/Amount: \$.00

12. TOTAL CPS FUNDS REQUESTED (add lines 10 and 11)

\$.00

13. Amount of Cost Share

\$.00

14. Type of project (check what applies)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Training | <input type="checkbox"/> Environmental Improvements |
| a. <input type="checkbox"/> General | <input type="checkbox"/> Research | <input type="checkbox"/> Exceptional Project |
| b. <input type="checkbox"/> Detailed Condition | <input type="checkbox"/> Treatment | |
| c. <input type="checkbox"/> Environmental | | |

15. Type of collection (check one)

- | | |
|--|--|
| <input type="checkbox"/> Non-Living | <input type="checkbox"/> Systematics/Natural History |
| <input type="checkbox"/> Animals, Living | <input type="checkbox"/> Plants, Living |

For IMLS Staff Use only:

First Check: ☐ Complete ☐ Incomplete _____ initials/date
 Second Check: ☐ Complete ☐ Incomplete _____ initials/date

CONTINUE TO LINE 16

16. Collections Category (use a scale from 1 (most affected) to 4 (slightly affected) to show which collection types are primarily affected by the project)

- | | | |
|---|--|---|
| <input type="checkbox"/> aeronautics, space/airplanes | <input type="checkbox"/> animals, live | <input type="checkbox"/> animals, preserved |
| <input type="checkbox"/> anthropologic, ethnographic | <input type="checkbox"/> archaeological | <input type="checkbox"/> books |
| <input type="checkbox"/> ceramics, glass, metals, plastics | <input type="checkbox"/> documents, manuscripts | <input type="checkbox"/> furniture/wooden objects |
| <input type="checkbox"/> geological, mineral, paleontological | <input type="checkbox"/> historic buildings | <input type="checkbox"/> historic sites |
| <input type="checkbox"/> horological (clocks) | <input type="checkbox"/> landscape features, constructed | <input type="checkbox"/> machinery |
| <input type="checkbox"/> maritime, historic ships | <input type="checkbox"/> medals | <input type="checkbox"/> medical, dental, health, pharmacological |
| <input type="checkbox"/> military, including weapons | <input type="checkbox"/> motion picture, audiovisual | <input type="checkbox"/> musical instruments |
| <input type="checkbox"/> numismatics (money) | <input type="checkbox"/> paintings | <input type="checkbox"/> philatelic (stamps) |
| <input type="checkbox"/> photography, negatives | <input type="checkbox"/> photography, prints | <input type="checkbox"/> physical science projects |
| <input type="checkbox"/> plants, live | <input type="checkbox"/> plants, preserved | <input type="checkbox"/> sculpture, indoor |
| <input type="checkbox"/> sculpture, outdoor | <input type="checkbox"/> textiles and costumes | <input type="checkbox"/> tools |
| <input type="checkbox"/> toys and dolls | <input type="checkbox"/> transportation, excluding airplanes | <input type="checkbox"/> works of art on paper |

17. Does your museum have a long-range conservation plan? (Check One) ☐ Yes ☐ No

18. Summary of project activities (include education component if applicable):

Project Budget Form

SECTION 1: SUMMARY BUDGET, CPS AND EDUCATION COMPONENTS

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.5–3.7 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Cost Share	Total
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____	\$ _____
TOTAL PROJECT COSTS			\$ _____

AMOUNT OF COST SHARE \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____

TOTAL AMOUNT OF COST SHARE (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50%)

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Request/Award amount _____

Project Budget Form

SECTION 2: CONSERVATION DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3 - Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.5–3.7 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$ _____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$ _____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS			\$ _____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES			\$ _____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS	SUBSISTENCE DAYS COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS				\$ _____	_____	_____

Project Budget Form

SECTION 2: CONSERVATION DETAILED BUDGET CONTINUED

Year ☐ 1 ☐ 2 ☐ 3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT		\$ _____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES COSTS		\$ _____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL OTHER COSTS		\$ _____	_____	_____

TOTAL DIRECT PROJECT COSTS	\$ _____	_____	_____
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INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, pages 3.6–3.7.)

Applicant organization is using:

- ☐ A. An indirect cost rate which does not exceed 15 percent of modified total direct costs charged to IMLS.
☐ B. Federally negotiated indirect cost rate (see pages 3.6–3.7).

Name of Federal Agency

Expiration Date of Agreement

Rate base amount

_____ % of \$ _____ = \$ _____

	IMLS	COST SHARE	TOTAL
C. TOTAL INDIRECT COSTS	\$ _____	_____	_____

Project Budget Form

SECTION 2: EDUCATION DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3 - Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.5–3.7 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$ _____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$ _____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS			\$ _____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES			\$ _____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS	SUBSISTENCE DAYS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	()	()	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____
TOTAL TRAVEL COSTS				\$ _____	_____	_____

Project Budget Form

SECTION 2: EDUCATION DETAILED BUDGET CONTINUED

Year ☐ 1 ☐ 2 ☐ 3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT		\$ _____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES COSTS		\$ _____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL OTHER COSTS		\$ _____	_____	_____

TOTAL DIRECT PROJECT COSTS	\$ _____	_____	_____
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INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, pages 3.6–3.7.)

Applicant organization is using:

- ☐ A. An indirect cost rate which does not exceed 15 percent of modified total direct costs charged to IMLS.
- ☐ B. Federally negotiated indirect cost rate (see pages 3.6–3.7).

Name of Federal Agency

Expiration Date of Agreement

Rate base amount

_____ % of \$ _____ = \$ _____

	IMLS	APPLICANT	TOTAL
C. TOTAL INDIRECT COSTS	\$ _____	_____	_____

Schedule of Completion

This is a sample format for a schedule of completion (see page 3.5). You may prepare yours in a similar manner or you may create your own format. Whatever format you choose, be sure to list each major project activity addressed in question 1 (page 4.2), the date each activity begins and ends (month, day, year), and if part of a much larger project make sure the IMILS funded portion is clearly identified. It is critical that the dates on your schedule of completion correspond to the project dates on your Face Sheet (page 6.3).

[illegible]

Grant Processing Information Sheet

ALL IMLS CONSERVATION PROJECT SUPPORT APPLICANTS
MUST ANSWER THE FOLLOWING QUESTIONS.

Check the appropriate answer.

ELIGIBILITY REQUIREMENTS

1. Is the museum organized as a public or private nonprofit institution that exists on a permanent basis for essentially educational or aesthetic purposes?
☐ Yes ☐ No
2. Does the museum care for, and own or use tangible objects, whether animate or inanimate?
☐ Yes ☐ No
3. Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?
☐ Yes ☐ No
4. Is the museum open and exhibiting to the public at least 120 days a year?
☐ Yes ☐ No
5. Has the museum been open and providing museum services to the general public for two full years prior to the grant application deadline?
☐ Yes ☐ No
6. Does the museum have at least one full-time paid or unpaid staff member or the equivalent, whose primary duty is the care, acquisition, or exhibition to the public of objects owned or used by the museum?
☐ Yes ☐ No

RESUBMISSIONS

- ☐ Please check the box if this grant is a resubmission.

IMLS Assurances and Certification

IMLS is required to obtain from all applicants certifications regarding federal debt status, debarment and suspension, nondiscrimination, and a drug-free workplace. Applicants requesting more than \$100,000 in grant funds must also certify regarding lobbying activities and may be required to submit a "Disclosure of Lobbying Activities" (Standard Form LLL). Some applicants will be required to certify that they will comply with other federal statutes that pertain to their particular situation. These requirements are incorporated in the Assurances Statement below. The authorized representative/authorizing official must review the Statement and sign the certification in, item 6 on the Application Face Sheet, pages 6.3 to 6.6. If you receive a grant, you must comply with these requirements.

ASSURANCES STATEMENT

By signing the application form, the authorized representative/authorizing official, on behalf of the applicant, assures and certifies that, should a grant be awarded, it will comply with the statutes outlined below and all related IMLS regulations, which are available from IMLS upon request. These assurances are given in connection with any and all financial assistance from IMLS after the date this form is signed, but may include payments after this date for financial assistance approved prior to this date. These assurances shall obligate the applicant for the period during which the federal financial assistance is extended. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States government has the right to seek judicial enforcement of these assurances, which are binding on the applicant, its successors, transferees, and assignees, and on the authorized official whose signature appears on the application form.

I. CERTIFICATIONS REQUIRED OF ALL APPLICANTS

FINANCIAL, ADMINISTRATIVE, AND LEGAL ACCOUNTABILITY

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant has legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the nonfederal share of project costs) to ensure proper planning, management, and completion of the project described in this application.

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. § 7501 et seq.) and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will comply with the provisions of OMB Circular No. A-110, "Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations."

FEDERAL DEBT STATUS

The authorized representative/authorizing official, on behalf of the applicant, certifies to the best of his or her knowledge and belief that the applicant is not delinquent in the repayment of any federal debt.

**DEBARMENT
AND
SUSPENSION**

The authorized representative/authorizing official, on behalf of the applicant, certifies to the best of his or her knowledge and belief that the applicant and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, or in connection with a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

**NON -
DISCRIMINATION**

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will comply with the following nondiscrimination statutes and their implementing regulations:

- (a) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000 et seq.), which prohibits discrimination on the basis of race, color, or national origin;
- (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701 et seq.), which prohibits discrimination on the basis of disability;
- (c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-83, 1685-86), which prohibits discrimination on the basis of sex in education programs; and
- (d) the Age Discrimination in Employment Act of 1975, as amended (42 U.S.C. § 6101 et seq.), which prohibits discrimination on the basis of age.

**DRUG -
FREE
WORKPLACE
ACT OF
1988**

(A) The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will or will continue to provide a drug-free workplace by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the action that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the grantee's policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) the penalties that may be imposed on employees for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) abide by the terms of the statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;

- (e) notifying the agency in writing within ten (10) calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notices shall include the identification number(s) of each affected grant;
 - (f) taking one of the following actions within thirty (30) days of receiving notice under subparagraph (d)(2) with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701 et seq.); or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law or other appropriate agency; and
 - (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- (B) The applicant shall either identify the site(s) for the performance of work done in connection with the project in the application material or shall keep this information on file in its office so that it is available for federal inspection. The street address, city, county, state, and zip code should be provided whenever possible.

**CERTIFICATION
REGARDING
LOBBYING
ACTIVITIES
(APPLIES
TO
APPLICANTS
REQUESTING
FUNDS IN
EXCESS OF
\$100,000)**

The authorized representative/authorizing official certifies, to the best of his or her knowledge and belief that:

- (a) no federal appropriated funds have been paid or will be paid, by or on behalf of the authorizing official, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into of a cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement;
- (b) if any funds other than appropriated federal funds have been paid or will be paid to any person (other than a regularly employed officer or employee of the applicant) for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the authorized representative/authorizing official shall request, complete, and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions; and
- (c) the authorizing official shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**GENERAL
CERTIFICATION**

The authorized representative/authorizing official, on behalf of the applicant, certifies that it will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing the program. IMLS grant regulations may be found at 45 CFR Part 1180 *et seq.*

II. CERTIFICATIONS REQUIRED OF SOME APPLICANTS

The following certifications are required if applicable to the project for which an application is being submitted. Applicants should be aware that additional federal certifications, not listed below, might apply to a particular project.

SUBAGREEMENTS

Applicants who plan to use awards to fund subgrants, contracts and subcontracts should be aware that they must receive the following certifications from applicants to grant programs and those who bid on contracts:

- (1) certification of compliance with the nondiscrimination statutes from institutional applicants and contractors, and
- (2) certification regarding debarment and suspension from applicants to grant programs (regardless of the amount requested) and from potential contractors and subcontractors who will receive \$100,000 or more in grant funds. Applicants are also required to include without modification the following wording in solicitations for all grant proposals and for contracts that are expected to equal or exceed \$100,000:
 - (a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - (b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NATIVE AMERICAN HUMAN REMAINS AND ASSOCIATED FUNERARY OBJECTS

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will comply with the provisions of the Native American Graves Protection and Repatriation Act of 1990 (25 U.S.C. § 3001 et seq.), which applies to any organization that controls or possesses Native American human remains and associated funerary objects, and which receives federal funding, even for a purpose unrelated to the Act.

HISTORIC PROPERTIES

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470f), Executive Order (E.O.) 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. § 469 et seq.).

ENVIRONMENTAL PROTECTIONS

The authorized representative/authorizing official, on behalf of the applicant, certifies that the project will comply with environmental standards, including the following:

- (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969, as amended (42 U.S.C. § 4321 et seq.) and Executive Order (E.O.) 11514;
- (b) notification of violating facilities pursuant to Executive Order (E.O.) 11738;
- (c) protection of wetlands pursuant to Executive Order (E.O.) 11990, as amended by Executive Order (E.O.) 12608;
- (d) evaluation of flood hazards in floodplains in accordance with Executive Order (E.O.) 11988, as amended;

- (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972, as amended (16 U.S.C. § 1451 et seq.);
- (f) conformity of federal actions to State (Clean Air) Implementation Plans under section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.);
- (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (42 U.S.C. § 300f et seq.); and
- (h) protection of endangered species under the Endangered Species Act of 1973, as amended (16 U.S.C. §§ 1531-1543).

The authorized representative/authorizing official, on behalf of the applicant, certifies that the project will comply with the Wild and Scenic Rivers Act of 1968, as amended (16 U.S.C. §1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

The authorized representative/authorizing official, on behalf of the applicant, certifies that the applicant will comply with the flood insurance requirements of the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. § 4001 et seq.), which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

**RESEARCH
ON
HUMAN
AND
ANIMAL
SUBJECTS**

The authorized representative/authorizing official, on behalf of the applicant, certifies that the project will comply with 45 C.F.R. Part 46 regarding the protection of human subjects involved in research, development and related activities supported by this award of assistance.

The authorized representative/authorizing official, on behalf of the applicant, certifies that the project will comply with the Laboratory Animal Welfare Act of 1966, as amended (7 U.S.C. § 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

For further information on these certifications, contact IMLS, 1800 M Street, NW, 9th Floor, Washington, DC 20036. Or call (202) 653-4707.